

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
AS OF FEBRUARY 1995  
Tallahassee, Florida  
32399-0001

APPROVED  
AND  
FILED

95 MAY -1 PM 10:05

DOCUMENT # **H38584**

(9)

TRADEMARK GRAPHICS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

217 BOULDER BLUFF TRAIL  
CHAPEL HILL NC 27516

217 BOULDER BLUFF TRAIL  
CHAPEL HILL NC 27516

2	26	3	3a
21	26	12/17/1984	03/02/1994
22	27	4	59-2500455
23	28	5	\$8.75 Additional Fee Required
24	29	6	\$5.00 May Be Added to Fees
25	30	8	

9. Name and Address of Current Registered Agent

HECKMAN, BARRY  
8900 SW 107 AVENUE  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81	Name
82	Street Address (Do Not Omit Street Address)
83	
84	City
85	State

FL

11. I, the undersigned, the principal officer or director of the Florida corporation, hereby certify that the above-named corporation submits this statement for the purpose of changing its registered office to the address specified herein. I hereby certify that the corporation is in good standing with the Department of State, Florida Department of State, Tallahassee, Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																												
<table border="1"> <tr> <td>NAME</td> <td>P</td> <td>RILEY, PATRICK</td> <td>217 BOULDER BLUFF TRAIL</td> <td>CHAPEL HILL NC 27516</td> </tr> <tr> <td>NAME</td> <td>VP</td> <td>RILEY, LAURA A</td> <td>217 BOULDER BLUFF TRAIL</td> <td>CHAPEL HILL NC 27516</td> </tr> </table>	NAME	P	RILEY, PATRICK	217 BOULDER BLUFF TRAIL	CHAPEL HILL NC 27516	NAME	VP	RILEY, LAURA A	217 BOULDER BLUFF TRAIL	CHAPEL HILL NC 27516	<table border="1"> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME					NAME					NAME					NAME					NAME					NAME					NAME					NAME					NAME					NAME				
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14. I hereby certify that the information required on the foregoing statement is true and correct, and that the corporation is in good standing with the Department of State, Florida Department of State, Tallahassee, Florida.

SIGNATURE: *Patrick Riley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 95  
MR. Heckman 315-270 2014  
Riley 315-270 2014